

**SOCIAL SECURITY NUMBER /
PER ID CORRECTION**

MCP 013 (REV. 8/16/2012)

**MAIL THIS FORM TO: ATTN MyCalPAYS OPERATIONS**

SCO Personnel-Payroll Services Division, B-08

P.O. Box 942850, Sacramento, CA 94250-0001

Form Contact Info: Tel (916) 372-7200

PURPOSE

This form is used to correct an employee Social Security Number or PER ID.

NOTE: For Social Security Number corrections, employee **MUST** submit a copy of the employee's Social Security card with **SIGNATURE**.**If Employee Cannot Obtain Social Security Card**

Need to submit printout receipt from Social Security Administration containing the employee's name and Social Security Number.

If Error Is Discovered and the Employee No Longer Works for the State of California

Department must submit a letter showing the Department attempted to contact the employee and received back no reply, along with a copy of the signed EAR form that the employee completed at the time of hire.

EMPLOYEE INFORMATION

Last Name, Suffix		First Name		Middle Name / Initial	
Employee Signature 				Date	
SSN CORRECTION			PER ID CORRECTION		
<input type="checkbox"/> SSN Keyed Incorrectly			<input type="checkbox"/> 2 PER ID's Established In Error		
Incorrect SSN			Incorrect PER ID		
Correct SSN			Correct PER ID		
<input type="checkbox"/> Delete SSN (9)			<input type="checkbox"/> Delimit PER ID (8)		
(This area intentionally left blank)			<input type="checkbox"/> Delete PER ID (8)		

DEPARTMENT INFORMATION**Authorized Signature**

Certification for the Appointing Power- *The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster charges filed with the State Controller, to and including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved, established positions and have, if required by law, taken the oaths, including the oath set forth in Section 3103, Government Code.*

Authorized Name (Print)		Title			
Authorized Name Signature 		Telephone		Extension	Date
Form Submitted By					
Contact Name (Print)		Date			
Telephone	Extension	Fax	Email		